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TO: Mail Stop RCE

ATTACHED: Request for Continued Examination (RCE) (PTO/SB/30)

FEE SHEET (PTO/SB/17), in duplicate

Petition for 3 Month Extension (PTO/SB/22), in duplicate

Amendment and Response

RESPONSE DUE: JUNE 15, 2006

CUSTOMER NO.: 24498 Serial No.: 10/660,141 Docket No.: PF030065

Art Unit: 2681

Examiner: Anthony S. Addy

**TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 11** 

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york Reduction Act of 1995 no persons are required to respond to a collection of information unless; ij displays a valid OMB control number Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.P. 4818). 10/660,141 Application Number FEE TRANSMITTAL Filing Date September 11, 2003 for FY 2006 First Named Inventor Sebastien Perrot Anthony S. Addy Examiner Name Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2681 TOTAL AMOUNT OF PAYMENT 1810.00 Attorney Docket No. PF030065 METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498 ☐ Check ☐ Credit card ☐ Money Order ■ None Other (please identity): Deposit Account: Deposit Account Number 07-0832 THOMSON LICENSING INC. Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge,) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** Small Entity Small Entity **Small Entity** Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 300 Reissue 150 500 250 600 300 Provisional 200 100 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (S) Each claim over 20 (including Reissues) 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 180 360 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Cialms - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Independent Claims Extra Claims Fee (S) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Extra Sheets** Number of each additional 50 or fraction thereof Fee Pald (\$) - 100 = \_ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): FEE FOR RCE \$790; PETITION FOR 3 MONTH EXTENSION \$1020 \$1810.00

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Signature	Catherine a Ferguson				June 15, 2006	

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